SAMPLE SELECTION FORM

Provider: _____ **Provider #** _____ **Region:** _____ **State:** _____

STATE SURVEY SAMPLE SELECTION					FEDERAL SURVEY SAMPLE SELECTION				
#Client Identifier	Name #		Functional Level	Core (C)	# Client Identifier	Name		Functional Level	Core (C) / Add-on (A)*

*Reason for inclusion in the sample

_____   _____
Prepared by   (Federal Survey Team Leader)   **Date**

(PLEASE COPY AND PASTE IF ADDITIONAL SHEETS ARE REQUIRED)

Revised 6/27/01